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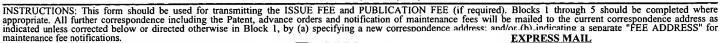
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/804,980	03/13/2001	~ 7	Peter Andersen	670001-2002.4	9361

TITLE OF INVENTION: M. TUBERCULOSIS ANTIGENS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330 <mark>1,400</mark>	\$300	\$1630 1,700	12/22/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
SWARTZ, RODNEY P		1645	424-248100	_	
CFR 1.363).  Change of correspond Address form PTO/SB/1:  "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required.  3. ASSIGNEE NAME AND	tion (or "Fee Address" Indica or more recent) attached. Uso D RESIDENCE DATA TO B	Correspondence (1) the or age (2) the registe 2 registed. E PRINTED ON THE PAT	printing on the patent front page, anames of up to 3 registered patents OR, alternatively, name of a single firm (having as red attorney or agent) and the nattered patent attorneys or agents. I no name will be printed.  ENT (print or type)  appear on the patent. If an assig	a member a mes of up to f no name is 1 Fromme 2 Thom	er Lawrence & Haras J. Kowalski
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